

REVOCA TION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td style="width: 35%;">10/021,478</td> <td style="width: 35%;">Conf. No. 1321</td> </tr> <tr> <td>Filing Date</td> <td colspan="2">October 30, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td colspan="2">Gregory R. Collins</td> </tr> <tr> <td>Art Unit</td> <td colspan="2">1723</td> </tr> <tr> <td>Examiner Name</td> <td colspan="2">KIM, SUN U</td> </tr> <tr> <td>Attorney Docket Number</td> <td colspan="2">0179/0838-USO</td> </tr> </table>	Application Number	10/021,478	Conf. No. 1321	Filing Date	October 30, 2001		First Named Inventor	Gregory R. Collins		Art Unit	1723		Examiner Name	KIM, SUN U		Attorney Docket Number	0179/0838-USO	
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I hereby revoke all previous powers of attorney given in the above-identified application.											
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 76808											
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 76808 OR <input type="checkbox"/> Firm or Individual Name Address City <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">State</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">Zip</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> </table> Country Telephone <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">Email</td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> </table>					State		Zip			Email	
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I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)											
SIGNATURE of Applicant or Assignee of Record											
Signature											
Name	Gerald J. Kucharski										
Date		Telephone	201-343-5202								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
<input checked="" type="checkbox"/> *Total of ____ 1 ____ forms are submitted.											

(0179/0838-USO/00045761.1)

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